		NTRIBUTI				_	_	of Nevada	
		HMERICA				EONS KROP		SSUCIATION	
Name (prin	N. SAIL	of CLAIR.	CHIC	Office (it is 1960,	TL 606	511	312-202-	strict (if applicable)	
Mailing Ad	dress (include o	ally and zip code) FAC.5	DRG				Telephone No.		
E-Mail Add						1 10 2 1 900 100 1			
Select Appropriate Box(ee) CANDIDATE PAC BAG POLPRTY IND EXP AMENDED ANNUAL FILING									
Annual Filing - Due January 15, 2004 Period: January 1, 2003 - December 31, 2003						FILE			
Report #1 — Due August 31, 2004 Incumbents in an Office with a 6-year term Incumbents in an Office with a 6-year term All others Ballot Advocacy Groups (BAGs) only: Period: Jan. 5, 2001 — Aug 25, 2004 Dec. 20, 1998 — Aug 25, 2004 Jan. 1, 2004 – Aug. 26, 2004 Dec. 5, 2002 – Aug 26, 2004							NOV 0 3 2004 DEAN HELLER SECRETARY OF STATE		
X	Report #2 Due — October 26, 2004 Period: Aug. 27, 2004 — Oct. 21, 2004					FOR OFFICE USE ONLY			
EAGE on	Report #3 Due — January 15, 2005° Period Oct. 22, 2004 — Dec. 31, 2004						BA	g 1248	
EMUR UN	-				, 1004 000. 0, 10				
Annual Filing Due January 15, 2005 Period: January 1, 2004 December 31, 2004 *Third Report suffices for 2005 Annual Filing If candidate also filed Report Nos. 1 and 2									
	CON	TRIBUTIONS	SUMMA	NRY			This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period	
1.	Total Moneta	ary Contributions I	Received in I	Excess o	of \$100			0	
2. Total Monetary Contributions Received of \$100 or Less							0	0	
					This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period			
3.	Total Amou	nt of Monetary C	ontribution			PIMOS	•	1	
4.	Received (Add Lines 1 Total Value of Excess of \$	of In Kind Contribu	itions Receiv	ved in	0	0		0	
				EXP	enses sun	MARY	(1) 3 (I=	11121 17	
5,	Total Moneta	ary Expenses Paid	d in Excess	of \$100			4636,17	4626.1/	
		ry Expenses Paid of All Monetary						0	
	(Add Lines 5	and 6)				1	4636,17	14636.17	
8.	Total Value of \$100	f In Kind Expense	is in Excess		0	0			
AFFIRMATION									
I Declare Under Penalty of Perjury That the Foregoing is True and Correct.									
	Don	Lut	DA.				11-3	-04	
Signature	/					PA	Date 1	2	

CAMPAIGN EXPENSES

Report Period #

AMERICAN COLLEGE OF SURGEOUS	
Name (print) Office (If applicable)	District (if applicable)

(Jon Suffor) Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 284A 385	DATE:OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
RENO GAZETTE JOYANAL 5055 METRIC WAY	D	10-2-04	4636.17
RENO NV 89502			
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Rev: JUL-03

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